#### Dorothea E. Allen Scholarship:

- 1. Applicant must be a current or former member of **Girls Inc. of the Greater Capital Region.**
- 2. Applicant must possess an interest and/or talent that will benefit the community and the country.
- 3. Applicant must be a **high school senior** at the time of application.
- 4. Applicant must submit **2 letters of recommendation** (applicant's choice school, community no relatives).
- 5. Applicant must submit an official transcript of high school record or GED scores.
- 6. Applicant must submit a **clearly written essay** describing the educational or training program in which the applicant wishes to participate.
- 7. The successful applicant must **use the award within 12 months** following the announcement of the Dorothea E. Allen Scholarship and is asked to share the learning experience in some way with **Girls Inc. of the Greater Capital Region**.

The Dorothea E. Allen Scholarship has been made possible by a bequest from Dorothea E. Allen, a supporter of **Girls Inc. of the Greater Capital Region**. This is an award given to assist a present or former member or **Girls Inc. of the Greater Capital Region** who possess promise and potential in developing their talents. These funds can be used by individuals for pursuit of a course of study, special learning experience or a training program that will develop a talent or ability that will benefit the community and the country. All applicants will be invited to a personal interview. This scholarship will be awarded in May at Girls Night Out.

#### Checklist:

- Application completed
- □ Written questions section completed (page 4)
- □ 2 Recommendation Letters (pages 6 & 7)
- □ Official High School Transcript or GED scores (sent by High School Guidance Office)
- Essay describing program scholarship to be used for.

\*\*\*Deadline – must be submitted by April 6<sup>th</sup>\*\*\*

## **Scholarship Application**

Name:			
Address:Street	City	State	Zip
Phone No.:	·		·
Date of Birth:			
High School you will be graduating from:			
Graduation Date:	Type of Diploma:		
When were you a member of Girls Inc. of	the Greater Capital Regi	on?	
Describe your involvement at <b>Girls Inc. of</b>			
College/School you plan to attend:			
Proposed Major: Career Goal:			
Field or Academic Course of Excellence:			
Mother's Name & Phone:			
Mother's Address:			
Mother's Occupation & Business Phone:			
Father's Name & Phone:			
Father's Address:			
Father's Occupation & Business Phone:			

Brothers, sisters other dependents in family (give ages):  Honors and Activities in High School, Followed by Year (Freshman, Sophomore, Junior, Senior) – Additional sheet may be attached if necessary.		
Has candidate been awarde	d any other scholarships? If so, please	e list them:
Employment & Volunteer Ex	perience (to be completed by applicant	):
<u>Employer</u>	<u>Duties</u>	<u>Dates</u>

### Please write short answers to the following questions:

1.	How would you use this scholarship and when? Please give a description of the program and the
	cost.

2. What do you expect to gain from the experience?

3. Your obligation as a scholarship recipient is to share your learning experience with members of **Girls Inc. of the Greater Capital Region**. How would you go about doing this?

### **Permission to Release Information**

"I give permission to <b>Girls Inc. of the Greater Capital Region</b> to receive information from my high school regarding my grades and financial aid."			
Signature of Applicant	Date	Signature of Parent	Date
All application materials (official high school transcript or GED scores, personal letter, completed application, and letters of recommendation) are due by <b>April 6<sup>th</sup></b> . Return to Scholarship Committee at address provided.			

Please return by April 6<sup>th</sup> to: SCHOLARSHIP COMMITTEE Girls Inc. of the Greater Capital Region 962 Albany St Schenectady, NY 12307

### **Recommendation Form**

We wo	ould a	y Girls Inc. of the Greater Capital Regi	d for the Dorothea E. Allen Scholarship <b>on</b> to pursue education in a field of interest. candidate. Please feel free to use the back k you for your cooperation.
	1.	What is your relationship with the application	cant?
	2.	Please describe any particular talents of observed in the applicant.	or academic achievements that you have
	3.	What growth would you expect to take	place during further training or education?
	4.	Are there areas of work that require pa would be helpful for us to know in assis	
Date			Signature of Reference
			Name of Reference
			Daytime Phone number
SCHO Girls I 962 Al	LAR nc. c	urn by April 6 <sup>th</sup> to: SHIP COMMITTEE of the Greater Capital Region y St ady, NY 12307	

### **Recommendation Form**

has applied for the Dorothea E. Allen Scholarship awarded by <b>Girls Inc. of the Greater Capital Region</b> to pursue education in a field of interest. We would appreciate your honest appraisal of this candidate. Please feel free to use the back of this form to provide additional information. Thank you for your cooperation.		
What is your relations	ship with the applicant?	
Please describe any pobserved in the application.	particular talents or academic achievements that you have cant.	
3. What growth would yo	ou expect to take place during further training or education?	
	ork that require particular attention? Is there anything that would now in assisting this applicant?	
Date	Signature of Reference	
	Name of Reference	
	Daytime Phone number	
Please return by April 6 <sup>th</sup> to: SCHOLARSHIP COMMITTEE Girls Inc. of the Greater Capita 962 Albany St Schenectady, NY 12307	l Region	